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ABSTRACT

This South Dakota project assisted the Governor's Planning Council on Developmental Disabilities in setting long range preservice and inservice professional development priorities and identifying future planning needs of the Council. The project provided a prioritization of training needs in the area of developmental disabilities as perceived by consumers, parents, families, service providers, and relevant others. The project was completed in four phases: (1) a literature search to determine the current and emerging trends in service delivery for persons with developmental disabilities across the life span; (2) a Delphi survey of various generalized and specialized statewide groups to elicit input on long-range staff training needs in the state; (3) establishment of six focus groups which discussed issues covered in the Delphi survey and the potential of the Human Resource Development Model; and (4) a follow-up survey of focus group participants. The resulting prioritized listing of training needs outlines 23 inservice training priorities, 13 preservice training priorities, and 11 priorities concerning training in the human resource development model and total quality management. Each identified priority includes a justification based on the project's survey. An appendix includes the Delphi surveys sent to various groups. Contains 21 references. (DB)

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ED 375 549

An Assessment of Long Range Professional Development Needs and Priorities for Future Training Needs

Prepared for the South Dakota
Governor's Planning Council on Developmental Disabilities

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TABLE OF CONTENTS

I. Abstract ..... Page 1

II. Phase I: Literature Search ..... Page 4

III. Phase II: Delphi Survey ..... Page 14

IV. Phase III: Focus Group Activities ..... Page 27
Focus Group Issues/Concerns ..... Page 31

V. Phase IV: Final Training Needs Survey Results and Report ..... Page 39

Section I: Inservice Training Needs ..... Page 42
Section II: Preservice Training Needs ..... Page 47
Section III: HRD/TQM Training ..... Page 51

VI. Conclusion ..... Page 55

VII. References ..... Page 57

Appendices

Abstract

The purpose of this project was to assist the Governor's Planning Council on Developmental Disabilities to focus on setting long range pre-service and inservice professional development priorities and future planning needs of the Council. This project provides a prioritization of training needs in the area of developmental disabilities as perceived by consumers, parents, families, service providers, and relevant others. The project was completed in four (4) phases as follows:

1) Phase I...A literature search to determine the current and emerging trends in service delivery for persons with developmental disabilities across the life span as they will affect the human resource needs, characteristics, resources, and future planning needs to address the service system(s) of the future. This literature search was completed through hand searches conducted of recognized journals in the field of mental retardation/developmental disabilities, state policies, and national reports, as well as ERIC and PSYCH-LIT computer assisted searches.

2) Phase II...A Delphi survey was developed and mailed to voluntary participants from various statewide groups including service providers (general and specialized), Developmental Disability Planning Council Members, parents/families, and self-advocates. The Delphi survey instrument was

designed to elicit input from participants to help in the determination of the long-range staff training needs in the area of developmental disabilities for the state of South Dakota. The survey was focused on philosophical trends, consumer issues, family issues, service/support delivery issues, and specific training competencies.

3) Phase III...Six focus groups were established consisting of selected participants from the groups participating in the Delphi survey. The composition of the focus groups consisted of a representative sample based on a percentage of the total number of Delphi survey participants. All of the focus groups, with the exception of the Vermillion site, were conducted through the Rural Development Telecommunications Network (RDTN). The five RDTN locations were Rapid City, Pierre, Aberdeen, Brookings, and Sioux Falls. The three purposes of the focus groups were to discuss the issues covered in the Delphi survey as they affected staff training needs, discuss the Human Resource Development Model as to how this model could benefit agencies serving persons with developmental disabilities, and establish a listing of recommended training and professional development needs of the DD service system in South Dakota.

4) Phase IV...A follow-up survey was developed and sent to each of the focus group participants discussed in Phase III. This survey was designed to lend

affirmation and closure to the focus group activities and to provide the Governor's Planning Council with a prioritized list of training and staff development needs as perceived by the focus group participants.

South Dakota Governor's Planning Council on Developmental Disabilities Assessment of Long Range Professional Development Needs and Priorities for Future Training Needs

PHASE I: LITERATURE SEARCH

The field of developmental disabilities on a national level is being confronted with a mounting challenge with regard to staff training and competencies of direct service/support personnel as programs attempt to deliver total quality services to consumers with developmental disabilities and their families. Wallace and Johnson (1992) identified several critical issues associated with training for direct service personnel in the field of developmental disabilities. Among these issues were the following: (a) although direct care staff are often the least trained and experienced staff, they represent the largest group of persons employed in service programs; (b) training competencies and needs are not sufficiently understood or documented; (c) training is often unavailable to direct service personnel; (d) current training approaches lack organization and are insufficient in number; (e) a lack of skilled trainers exist at the local level; and (f) few incentives exist which promote retention of direct care staff in special education and adult service settings. The obvious need to define and remediate these problems is evident given the changing dynamics of the service delivery system.

Emerging Trends in Service Delivery

The current trend in service delivery in the field of developmental disabilities is moving towards expanded community-based options for persons with developmental disabilities and their families with increased emphasis on non-facility based support services. This movement serves as a catalyst for not only **where** services are delivered but more importantly **how** they are delivered.

The physical changes occurring within the service delivery system are becoming more and more obvious as persons with developmental disabilities are leaving institutions and are now residing in the community, often in their own homes or apartments. An ever increasing number of persons are now engaged in meaningful employment activities with the advent of supported employment, and the movement toward inclusion of children and adults with developmental disabilities shows promise for promoting valued social participation. However, the service delivery system cannot simply change the physical nature of it's services, but it must also change **how** it delivers the services or the philosophical underpinnings on which the physical changes occur (Lakin, 1993).

The emerging trend in **how** services are delivered, monitored, and evaluated has been termed quality assurance. Quality assurance is defined as a process which involves the identification and articulation of certain values and beliefs which serve as a foundation for the service delivery system (Sundram, 1993). Quality assurance is characterized by a quality of culture rather than regulatory compliance, person-centered and value-driven services, decentralized authority, multi-stakeholder monitoring, technical assistance before sanctions, outcome based measures such as quality of life of consumers rather than providers' quality

of effort (Institute on Community Integration, 1993).

Lakin (1993) describes the relationship between quality assurance and the service delivery system in developmental disabilities as a three fold process. This process includes: 1) structure-which involves the administrative and related processes that support and direct the provision of care; 2) process-which involves information gathering and assessment of skills, needs, services provided and implemented, staff training, and interagency collaboration regarding consumers served; 3) outcomes-which involves the measurable efforts of services delivered. Outcome measures specific to the field of developmental disabilities would include objectives achieved, quality of life for consumers as measured by increased options and freedoms (i.e., social relationships maintained, frequency of community participation, increased self-determination and choice), measures of consumer satisfaction, and measures of family satisfaction.

In response to the movement toward quality assurance, many states have taken formal measures towards quality enhancement in the delivery of services to citizens with developmental disabilities and their families. Pennsylvania, New York, Minnesota, Connecticut, Oklahoma, Colorado, Kansas, and Oregon have all attempted to develop quality improvement systems. The similarities found across these states is that these systems have attempted to develop an outcome-based service delivery system and the development of measures to assess the degree of consumer and family satisfaction with the quality of services and supports (Institute on Community Integration, 1993).

O'Brien and O'Brien (1993) have suggested that the following elements be included in the design of quality assurance systems of service delivery. These include: (a) the

inclusion of persons with disabilities and their families in the process of collaboration, (b) allow for greater input by direct care staff, (c) make people accountable, (d) clarify the purpose of the work being done, and (e) challenge agency staff to improve their abilities to advocate for the needs and rights of persons with disabilities.

Need for Enhanced Training Opportunities

The need for enhanced training initiatives has come about partially from changes in federal legislation and policies in the area of developmental disabilities. Another obvious need is reflected by the number of paraprofessionals working in educational and related settings. This number has increased by more than 120,000 during the past decade (Wallace & Johnson, 1992). Wallace and Johnson (1992) report that a study of paraprofessionals working in special education settings in Minnesota indicated that 65% of the total population had only a high school diploma and no formal education in the field of special education. Unfortunately, this same problem exists in the adult service system. Recruitment and training of paraprofessional staff is a national problem among adult service providers (Karan & Berger, 1985). The most common types of training most readily available to paraprofessionals in education and adult service settings consist of on-the-job training, staff in-service training, and training from supervisory personnel. Typically the turnover rate for paraprofessionals in these settings is quite high and constant. The lack of financial incentives and career ladder are the most frequently cited reasons for staff turnover in these direct care settings (Kregal, 1985).

As previously mentioned, there is a need for trained personnel to work in adult

service settings to provide employment and community-based living services and supports to adults with developmental disabilities. This need has been made more apparent by the unprecedented numbers of students (i.e., approximately 250,000) who are leaving special education programs each year. Ever increasing numbers of adults with developmental disabilities are entering community-based adult service settings as public institutions are closing. The challenge to ensure that trained personnel are available to provide direct services and supports to adults with developmental disabilities is not a small one. Currently, there is no single federal agency responsible for directing service delivery to adults with developmental disabilities (Morgan, 1990). Services and supports are provided by public, private, state, regional, local, profit, non-profit single service and multiple service agencies. This results in multiple sources of direction, leadership, regulation, and funding (Mittendorf, Fifield, & Smith, 1985). Other challenges which confound the adult service system is a lack of uniformity in the professional preparation of personnel to work in these settings. Subsequently, staff working in adult service settings could range from high school educated to college educated persons, trained in directly related, or peripherally related disciplines, and/or persons who may not have had adequate training or possess the basic competencies to work with adults with developmental disabilities (Morgan, 1990).

Core Competencies

There has been an attempt to identify and develop a set of core competencies for direct service/support personnel working in the field of developmental disabilities across the lifespan. Core competencies reflect training needs which can be generalized across

educational, vocational, and residential services. They also apply to direct service personnel working with all ages and levels of disability (Hewitt, 1992).

Renzaglia (1986) identified the basic competencies needed for inclusion in pre-service training programs for secondary special education teachers. These included: (a) applied behavior analysis; (b) systematic instruction; (c) educational assessment and data based programming; (d) curriculum development; (e) emergency medical procedures; (f) physical aspects of multiple disabilities; (g) interagency coordination; (h) working with families; (i) vocational and transition programming; and (j) legal issues.

A subsequent study conducted by the Institute on Community Integration located at the University of Minnesota examined the training needs of direct service personnel and their supervisors across educational and adult service settings serving children and adults with developmental disabilities and produced similar findings (Hewitt, 1992). The study consisted of several components including: (a) interviews with staff; (b) focus group meetings; (c) review of extant research, federal, and state policy; and (d) surveys of agencies providing staff training. The results of the study indicated more than 128 training needs in educational settings, 118 in vocational settings, and 268 in residential settings. The list of identified needs across settings was later collapsed to reduce overlap.

The resulting training needs or core competencies produced from this study which were common across settings were as follows: (a) basic principles and values in mental retardation/developmental disabilities; (b) use of people first language/labeling; (c) functional versus non-functional activities and instruction; (d) self-determination and empowerment; (e) history and causes of mental retardation and developmental disabilities; (f) effective

communication and problem-solving skills; (g) confidentiality; (h) legal and human rights of individuals served; (i) documentation; (j) vulnerable adults/child abuse reporting; (k) emergency, health, and safety procedures; (l) teaching techniques; (m) interdisciplinary program planning; (n) working with families; (o) facilitating friendships/socialization with peers; (p) behavior management; (q) communication instruction; and (r) sexuality issues for persons with mental retardation/developmental disabilities. These areas have also been identified in other studies of direct service providers conducted by Larsen (1992) and also in a study of perceived training needs as viewed by parents of children with developmental disabilities (The Institute on Community Integration, 1992). Parents who were interviewed felt strongly about the need for enhanced training in adult service settings and that staff members needed both experience and substantial training before being allowed to serve consumers (The Institute on Community Integration, 1992).

The perceived needs of consumers with developmental disabilities has also been given a great deal more attention in recent times as programs attempt to provide more socially valid outcomes. Jensen (1992) conducted a series of two focus group activities with consumers in the state of Washington. Consumers reported the following needs: (a) to be treated with greater respect from service providers; (b) more family input in the design of program plans; (c) more person centered planning; (d) greater freedom to access the community; (e) assistance in meeting daily needs such as access to transportation; (f) the freedom to choose and to make decisions about personal matters without staff involvement; (g) a need for support from staff versus interference; and (h) the respect and dignity associated with adulthood.

There are many critical implications that can be derived from these studies. These implications can be directed toward policymakers, post-secondary educators, and service delivery agencies. In short, policy makers must understand the need for core competency training and the development of more effective training mechanisms (Hewitt, 1992). Post-secondary educators must begin to offer more in the way of direct training opportunities. This training could take the form of both formal degree granting programs and/or continuing education opportunities through both pre-service and inservice training strategies.

Training Methodologies

As programs begin to consider the development of core competency staff training models it is important that they recognize the most efficacious training means to produce the desired training outcomes. Templeman and Peters (1992) offer an alternative to the traditional forms of training in what has been referred to as "multi-stage models". Multi-stage models of training rely on several components to attain the desired training outcomes. These components include: (a) readiness or awareness building activities; (b) specific skill building activities; (c) a system of long-term implementation assistance; and (d) monitoring or maintenance activities to assist the site and to assess the impact of the training effort. Templeman and Peters (1992) also point out that adult learners need to control the direction and focus of their learning. Adult learners typically learn more effectively through the practical application of applied knowledge thus training packages should focus on effectively bridging the gap between theory and practice through applied activities.

A novel training program which has been developed to foster these methods is that

of the train-the trainers model. This model has demonstrated to be effective for promoting maintenance and generalization and also cost-effective (Templeman & Peters, 1992). Such a model offers an agency the chance to "own" the concepts which are presented and to translate them into practice. Such considerations are warranted when developing training packages designed to impart core competencies to direct service personnel and paraprofessional staff working in the field of developmental disabilities.

Human Resource Development Model

The Human Resource Development Model (National Consortium of Regional Rehabilitation Continuing Education Programs, 1991) is a model aimed at promoting quality in the delivery of services, but more importantly focuses on the development of a positive culture within programs serving persons with disabilities. The HRD Model is representative of a total quality approach to management designed to promote the effectiveness of an organization. This model recognizes that the best method for assuring effectiveness within an organization is through an investment in it's workers.

The Human Resource Development Model is comprised of the following components: (a) training and development; (b) organizational development; and (c) career development. Related areas include: (a) organization/job design; (b) human resource planning; (c) performance management systems; and (d) selection and staffing. The HRD Model is defined as:

> "the integrated use of training and development, organizational development, and career development to improve individual, group, and organizational effectiveness" (NCRRCEP, 1991, p. 13).

It is hoped that through the dissemination of such practices through the HRD Model that the rehabilitation and related services work force will be prepared to "provide the needed services of our clients and be responsive to our mandates" (NCRRCEP, 1991, p.20).

Information obtained through this literature search was used to develop the Delphi survey used in Phase II and develop issues that were discussed by the focus groups in Phase III. Material and input gathered through this project allowed for the identification of a prioritized listing of the long-term professional and paraprofessional development needs of service delivery/support personnel in the area of developmental disabilities for the state of South Dakota. Input from consumers, parents, family members, and specialized/generic service providers were the primary means used to facilitate this outcome.

PHASE II: DELPHI SURVEY

Participants

The participants who voluntarily elected to participate in Phase II of this project were from the following groups: (a) Governors Planning Council on Developmental Disabilities (n=21); (b) Specialized Service Providers (n=120); (c) Generic Service Providers (n=90); (d) Families (n=190); (e) Self-Advocates (n=120); and (f) Others (n=59). Participant selection was done in a deliberate fashion to ensure maximal participation and representation across groups, and regions. Thus, six regions were identified to ensure regional representation with a projected n=100 for each region and equal representation to the greatest degree possible from each group identified across each region. The total number of participants selected to participate in the Phase I survey was n=600. There were 260 fully completed surveys returned resulting in a total return rate of 43%.

Persons were contacted by letter and invited to participate. Persons agreeing to participate were mailed a Delphi survey and asked to complete it within 10 working days. Self-advocate participants who displayed varying degrees of disability were assisted by Mike Pietz from the ARC People First project and the People First Chapter Advisors in completing the surveys. This was in part, facilitated through the development of an adapted version of the survey which was designed to take into consideration any necessary accommodations. Upon receiving the completed Delphi, the responses were entered into a central data base.

Survey Instruments

A modified Delphi survey method was selected for use in Phase II. This method was selected for several reasons which include: (a) it is designed to elicit opinions from individuals; (b) it controls for bias; (c) it allows for maximum participation in that individuals need not be from the same geographic area to participate; and (d) statistical manipulation of responses is possible. The items selected for the Delphi survey were derived from the literature search as recognized trends that were presently occurring in the field of developmental disabilities or projected to occur shortly within the field.

As previously mentioned, an alternative form was developed and verbally administered to the self-advocates who participated. A pilot was conducted with a small sample of parents to determine the acceptability of the survey in terms of readability and clarity. Based on the responses received, the survey was modified and an alternative form for the parent participants was developed. All other participants received the original survey instrument. The content of the original survey and the alternate forms was not altered, however the alternate forms were modified to remove any professional jargon and afford respondents with a survey that was as straightforward as possible in terms of readability. Copies of the original survey, the self-advocate survey, and the modified survey are attached as Appendix A.

The survey was comprised of questions grouped within four major areas: (a) Philosophical Trends; (b) Consumer Issues; (c) Family Issues; and (d) Service/Support Delivery Issues. There were 18 items which requested participants to read a stated trend, rank the stated trend in terms of desirability, and rank the probability of occurrence of the

stated trend in years. Additional space was provided for respondents to provide comments regarding each item. There was a final item #19 which asked participants to rate a list of competencies in terms of their desirability for training in these areas. The use of the modified Delphi survey served as another method for providing the evaluators with needed information from participants regarding perceptions of trends already occurring in South Dakota and/or future or emerging trends. The survey attempted to measure the probability of a trend currently occurring or expected to occur and the desirability of the stated trend. This method was previously used in a Delphi survey conducted by Putnam and Bruininks (1986) that examined future directions in deinstitutionalization and education.

Results

The results for the modified Delphi survey are reported by item. Descriptive statistics are presented for each item and include the mean, median, mode, and standard deviation for each item. The range of responses is also reported. Within this section only the mean, median, mode, standard deviation and range are reported. A description of these terms is provided below:

Mean
The mean is an arithmetical average.

Median
The median is the score that falls at the 50th percentile of a distribution.

Mode
The mode is the most frequent score in a distribution of scores.

Standard Deviation
The standard deviation describes how scores vary around the mean score.

Range
The range serves as an index of scores in a given distribution and is the crudest measure of variability.

(P)
Probability of occurrence.

(D)
Desirability

A. Philosophical Trends

1. Service delivery will move from a system of offering a model of services in which consumers and their families attempt to find a "goodness of fit" to meet their needs toward a model which provides individualized supports around the needs of consumers and their families.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.1	2.0	2.0	.960	3.0
SA.	1.4	1.0	1.0	.524	2.0
Ser.	2.5	2.0	3.0	1.33	8.0
(D) Fam.	3.5	4.0	4.0	.701	3.0
SA.	3.0	-	3.0	.000	.0
Ser.	3.9	4.0	3.0	1.67	8.0

2. The present system of separate and independent services (residential, vocational, education) will recognize the need for more holistic, interdependent, and integrated service/support delivery.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.1	2.0	2.0	.933	3.0
SA.	1.6	2.0	2.0	.564	2.0
Ser.	2.4	2.0	3.0	1.384	8.0
(D) Fam.	3.3	4.0	4.0	.699	2.0
SA.	2.9	3.0	3.0	.225	2.0
Ser.	3.4	4.0	4.0	.631	3.0

3. Services/support delivery will be characterized by person centered, value driven services/supports rather than by compliance with regulations.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.5	3.0	2.0	1.06	3.0
SA.	2.0	2.0	2.0	.80	2.0
Ser.	3.1	3.0	3.0	1.55	8.0
(D) Fam.	3.4	4.0	4.0	.68	2.0
SA.	2.8	3.0	3.0	.40	2.0
Ser.	4.0	4.0	4.0	1.16	8.0

4. Service/support delivery will move toward non-facility based supports in community-settings (e.g., home, employment, leisure settings).

	Mean	Median	Mode	SD	Range
(P) Fam.	2.5	3.0	3.0	.94	3.0
SA.	1.6	2.0	2.0	.56	2.0
Ser.	3.0	3.0	3.0	1.63	8.0
(D) Fam.	3.6	4.0	4.0	.52	2.0
SA.	3.0	-	3.0	.00	.0
Ser.	4.0	3.0	3.0	1.96	8.0

5. Citizens with developmental disabilities will be afforded greater degrees of personal choice and independence in deciding their needs and desires.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.1	2.0	2.0	.88	3.0
SA.	1.6	2.0	2.0	.50	2.0
Ser.	2.0	2.0	2.0	.86	8.0
(D) Fam.	3.5	4.0	4.0	.49	1.0
SA.	3.0	-	3.0	.00	.0
Ser.	3.4	4.0	4.0	.64	3.0

6. Communities will provide more informal supports for persons with developmental disabilities and their families.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.8	3.0	3.0	.93	3.0
SA.	1.7	2.0	2.0	.60	2.0
Ser.	2.6	3.0	3.0	.74	3.0

(D) Fam.	3.3	3.0	4.0	.69	2.0
SA.	3.0	-	3.0	.00	.0
Ser.	3.5	4.0	4.0	.59	3.0

B. **Consumer Issues**

7. Persons with developmental disabilities and their families will be given more responsibility for the development of program plans and administration and professionals given relatively less.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.3	2.0	1.0	1.1	3.0
SA.	1.2	1.0	1.0	.43	1.0
Ser.	2.7	3.0	3.0	.89	3.0
(D) Fam.	3.3	3.0	4.0	.69	3.0
SA.	3.0	-	3.0	.00	.0
Ser.	3.0	3.0	3.0	.78	3.0

8. Consumers and their families or advocates will be given expanded roles by professionals in deciding the types and levels of support services they deem necessary.

	Mean	Median	Mode	SD	Range
(P) Fam.	1.8	2.0	1.0	.89	3.0
SA.	1.4	1.0	1.0	.51	2.0
Ser.	2.1	2.0	3.0	.90	3.0
(D) Fam.	3.4	3.0	3.0	.55	2.0
SA.	2.9	3.0	3.0	.22	2.0
Ser.	3.2	3.0	3.0	.69	3.0

9. There will be increased opportunities for supported living and supported employment with decreasing numbers of consumers living and working in segregated settings.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.3	2.0	3.0	.82	3.0
SA.	1.4	1.0	1.0	.52	2.0
Ser.	2.5	3.0	3.0	.83	3.0
(D) Fam.	3.4	4.0	4.0	.63	2.0
SA.	3.0	-	3.0	.00	.0

Ser.	3.4	3.0		.57	3.0

10. Student/Consumer outcome measures will gain acceptance as a method of evaluating the performance of teacher/human service professionals.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.5	3.0	3.0	.99	3.0
SA.	1.4	1.0	1.0	.61	2.0
Ser.	2.5	3.0	2.0	.91	3.0
(D) Fam.	3.0	3.0	3.0	.77	3.0
SA.	2.7	3.0	3.0	.47	2.0
Ser.	3.1	3.0	3.0	.83	3.0

11. Individualized goals and objectives as part of the Individualized Education Program, Individualized Habilitation Plan, or Individualized Program Plan will be geared to (a) increasing the individual's options and freedoms to live and participate in the community; (b) appropriate for a same-aged peer who is not disabled; (c) related to the current or future needs of the individual; and (d) the development of natural supports "friendships" will be included as part of the plan of action.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.2	2.0	2.0	1.0	3.0
SA.	1.5	2.0	1.0	.5	2.0
Ser.	2.0	2.0	2.0	.8	3.0
(D) Fam.	3.5	4.0	4.0	.6	2.0
SA.	3.0	-	3.0	.0	.0
Ser.	3.5	4.0	4.0	.5	3.0

C. **Family Issues**

12. Parents and professionals will become "partners" in attempting to develop and provide programs and supports needed for their child.

	Mean	Median	Mode	SD	Range
(P) Fam.	1.6	1.0	1.0	.99	3.0
SA.	1.3	1.0	1.0	.49	2.0
Ser.	1.9	2.0	2.0	.86	3.0

(D) Fam.	3.6	4.0	4.0	.51	2.0
SA.	3.0	-	3.0	.00	.0
Ser.	3.6	4.0	4.0	.61	3.0

13. Schools and agencies serving persons with developmental disabilities will initiate personal futures planning (e.g., identifying the adult-life outcomes desired by students/consumers and their families) earlier and design services/supports around the attainment of these outcomes.

	Mean	Median	Mode	SD	Range
(P) Fam.	1.8	2.0	1.0	.86	3.0
SA.	1.6	2.0	2.0	.48	1.0
Ser.	2.0	2.0	2.0	.77	3.0
(D) Fam.	3.5	4.0	4.0	.59	2.0
SA.	3.0	-	3.0	.00	.0
Ser.	3.4	3.5	4.0	.57	3.0

14. Parents and family members will serve as members of quality assurance evaluation teams to assess the social acceptability of services.

	Mean	Median	Mode	SD	Range
(P) Fam.	1.7	1.0	1.0	.97	3.0
SA.	1.3	1.0	1.0	.51	2.0
Ser.	2.3	3.0	3.0	.88	3.0
(D) Fam.	3.5	4.0	4.0	.62	3.0
SA.	2.9	3.0	3.0	.11	1.0
Ser.	3.2	3.0	3.0	.67	3.0

D. **Service/Support Delivery Issues**

15. Specific services/supports will be contracted to an agency based on vendor performance as measured by quality and cost-efficiency.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.8	3.0	4.0	1.0	3.0
SA.	1.6	2.0	2.0	.5	2.0
Ser.	2.7	3.0	3.0	.9	3.0
(D) Fam.	3.0	3.0	3.0	.9	3.0
SA.	2.9	3.0	3.0	.1	1.0

Ser.	3.1	3.0	3.0	.7	3.0

16. Direct care staff will have an expanded role in ensuring that services/supports are consumer/family centered and are of the highest quality.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.0	2.0	1.0	1.0	3.0
SA.	1.3	1.0	1.0	.4	1.0
Ser.	2.1	2.0	3.0	.9	3.0
(D) Fam.	3.5	4.0	4.0	.6	3.0
SA.	3.0	-	3.0	.0	.0
Ser.	3.4	4.0	4.0	.6	3.0

17. Formal training programs and career ladders will eliminate the problem of direct care staff turnover and ensure that quality services/supports are provided.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.5	2.0	2.0	1.0	3.0
SA.	1.9	2.0	2.0	.7	2.0
Ser.	3.1	3.0	4.0	.9	3.0
(D) Fam.	3.7	4.0	4.0	.5	2.0
SA.	3.0	-	3.0	.0	.0
Ser.	3.5	4.0	4.0	.5	2.0

18. Direct care staff will be trained and prepared to provide community-based supports that will facilitate employment and independent living options for consumers.

	Mean	Median	Mode	SD	Range
(P) Fam.	2.2	2.0	2.0	.9	3.0
SA.	1.4	1.0	1.0	.5	2.0
Ser.	2.2	2.0	3.0	.8	3.0
(D) Fam.	3.5	4.0	4.0	.5	2.0
SA.	3.0	-	3.0	.0	.0
Ser.	3.4	4.0	4.0	.5	3.0

19. As the present system of service delivery moves toward a system of support services which are designed around the needs of individual consumers and families please indicate how desirable you would be toward training in these competencies.

	Group	Mean	Median	Mode	SD	Range
a.	Basic principles and values in mental retardation and developmental disabilities.					
	Fam.	3.6	4.0	4.0	.72	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.2	3.0	3.0	.71	3.0
b.	Use of people first language/labeling.					
	Fam.	3.5	4.0	4.0	.72	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.2	3.0	3.0	.86	3.0
c.	Functional goals/objectives and instruction.					
	Fam.	3.5	4.0	4.0	.64	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.3	3.0	4.0	.74	3.0
d.	Promoting self-determination and empowerment among consumers and families.					
	Fam.	3.5	4.0	4.0	.64	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.4	3.0	4.0	.63	3.0
e.	History and causes of mental retardation and developmental disabilities.					
	Fam.	3.1	3.0	3.0	.77	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	2.6	3.0	3.0	.90	3.0
f.	Effective communication and problem solving.					
	Fam.	3.5	4.0	4.0	.72	3.0
	SA.	2.9	3.0	3.0	.11	1.0
	Ser.	3.4	4.0	4.0	.63	3.0
g.	Legal and human rights of persons with developmental disabilities.					
	Fam.	3.5	4.0	4.0	.70	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.3	3.0	3.0	.64	3.0

h.	Vulnerable adults and child abuse reporting procedures.				
	Fam.	3.6	4.0	4.0	.57	2.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.2	3.0	3.0	.75	3.0
i.	Emergency health and safety procedures.				
	Fam.	3.6	4.0	4.0	.64	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.2	3.0	3.0	.78	3.0
j.	Interdisciplinary program planning.				
	Fam.	3.5	4.0	4.0	.65	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.2	3.0	3.0	.72	3.0
k.	Facilitating friendships/socialization with peers.				
	Fam.	3.6	4.0	4.0	.52	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.3	3.0	3.0	.64	3.0
l.	Providing positive behavioral supports for persons with severe and challenging behavior.				
	Fam.	3.6	4.0	4.0	.64	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.4	4.0	4.0	.73	3.0
m.	Augmentative and alternative communication approaches for persons with limited speech.				
	Fam.	3.6	4.0	4.0	.66	3.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.3	3.0	4.0	.78	3.0
n.	Working with persons with developmental disabilities who are elderly.				
	Fam.	3.6	4.0	4.0	.59	2.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.0	3.0	3.0	.89	3.0
o.	Sexuality issues for persons with developmental disabilities.				
	Fam.	3.4	3.5	4.0	.60	2.0
	SA.	3.0	-	3.0	.00	.0
	Ser.	3.2	3.0	3.0	.64	3.0

In examining the descriptive statistics reported from the modified Delphi one should take note of the mean as the major point of interest when making visual comparisons. The results appear not to differ greatly across parents/families and service providers on most items. There does however appear to be some greater differences when comparing the mean rankings for self-advocates to the mean rankings of parents/families and service providers. A measure of test-retest reliability would have controlled for this, but given the logistics and time constraints this would have required re-administering the items on a second separate occasion to all self-advocates and this was humanly impossible. Over interpretation of this data should also be avoided given the fact that descriptive statistics are only reported. However, to fully ascertain significant difference across groups on each of these items further data analysis would be required. However, given the stated purpose of the modified Delphi (i.e., a means for collecting additional data) the information served as a bridge in constructing the focus group agenda items.

In building the focus group agenda items, care was taken to evaluate the trend in the data from the modified Delphi survey. Given the variance in responses across parent/families, self-advocates, and service providers on the Delphi survey items 1, 2, 3, 4, 5, 6, 7, 8, 12, and 14 (see Appendix A), the focus group agenda attempted to provide a collapsed version of these issues as reflected in focus group agenda items 3a1, 3a2, 3b1, 3c3 (Appendix B). Through the use of such a strategy it was hoped that the focus group forum would provide some clarity with regard to these issues. The same strategy was employed with respect to responses from the modified Delphi on items 11, 13, and 18. The focus group agenda item which reflected these items in a collapsed version was agenda item 3b2.

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The remainder of the focus group agenda items were generated from the Human Resource Development Model. Focus group participants received a fact sheet regarding this model prior to the focus group meetings.

PHASE III: FOCUS GROUP ACTIVITIES

Building upon information collected through Phase I (Literature Search) and Phase II (Delphi Survey), the SDUAP organized and completed a series of six (6) focus groups. Focused interviewing of individuals, the basis of focus groups, was first documented nearly fifty years ago in Robert Merton's article "The Focused Interview" (1946), and later in his classic book The Focused Interview (Merton, Fiske, and Kendall, 1956). Thereafter, face-to-face focus groups became a standard data collection procedure in the field of marketing and communication. Lederman (1990) indicates that the technique was originally used in market studies by communication researchers interested in responses to mass media messages, having experienced limitations in large sample polling techniques.

Focus groups are "not intended to develop consensus, to arrive at an agreeable plan, or to make decisions about which course of action to take" (Krueger, 1988, p.29). Rather, focus groups exist as a means of generating, reacting to, or building on information. A primary use of this group interview technique is "to stimulate new ideas that may never surface in individual interviews (Cox, Higginbotham, and Burton, 1976; Lederman, 1990). Morgan and Spanish (1984) state that focus groups are a "unique and independent" source of qualitative data and "can add to other quantitative or qualitative data collection strategies" (p. 253), thus making them useful in a variety of areas of exploration (Byers and Wilcox, 1991, p. 64). The SDUAP felt this information gathering strategy would best serve the project in building on information gathered through the literature search and the statewide Delphi survey.

The SDUAP selected the focus group methodology because of a number of advantages over other types of research methods including separate interviews.

- The focus group has an advantage of time and cost due to the fact that obtaining information from eight to twelve individuals in a group setting lasting two hours can be much more "time and cost effective" than interviewing each individual separately. In an effort to make the process even more "time and cost effective", the SDUAP chose to make use of the South Dakota Rural Development Telecommunications Network (RDTN). This system allowed individuals to participate in the focus groups without having to drive substantial distances and allowed the focus group facilitator to complete the group meetings without having to incur the time and expense in travel to each site.

- An advantage of the focus groups is the ability for interaction to take place directly between the facilitator and the respondents, providing opportunities for the clarification of responses, for follow-up questions, and for the probing of responses.

- Focus groups were chosen because they are typically more flexible than individual interviews (Wells, 1974), allowing one "to examine a wide range of

topics with a variety of individuals and in a variety of settings" (Stewart and Shamdasani, 1990).

- Focus groups seemed to offer the SDUAP the ability to obtain responses, perceptions, experiences and attitudes in an open, secure and spontaneous fashion. These group sessions allowed individuals to build upon other individual comments and suggestions in an atmosphere of relative security and comfort.

- The use of the RDTN allowed the SDUAP to video tape record each of the sessions assuring that all of the information provided by the participants was checked for consistency of interpretation and clearly understood for inclusion in this final report to the Governor's Planning Council.

- The use of the RDTN also allowed easy access and participation by parents and self advocates.

Focus Group Membership

The SDUAP built the focus group membership with a target of eight to twelve persons meeting at each of the six sites. Specific membership was solicited from individuals who had completed the earlier Delphi survey from the following groups: Developmental Disability Planning Council members, specialized service providers (both management and

direct care staff), generic service providers, parents/family members, self advocates, and others appropriate to the focus group region (i.e. Indian Health Services, etc.). The SDUAP provided a list of two focus group membership options to the staff of the Governor's Planning Council for review and assistance in selecting the final membership. Upon agreement of the membership choice, the SDUAP sent letters to each suggested focus group participant asking if they would be willing to participate. Individuals responding favorably were then sent focus group meeting details including: time, place, guidelines for focus group activities, agenda, and discussion topics. The participants were also sent a handout regarding the Human Resource Development Model to study prior to the focus group meeting. The information provided to each focus group participant is found in Appendix C. A total of 53 individuals participated in the six regional focus group meetings held in Rapid City, Pierre, Aberdeen, Brookings, Sioux Falls, and Vermillion. Each of the sessions lasted for two hours with Dr. John Wheeler, Director of Training at SDUAP, serving as facilitator. Each of the focus group meetings were videotaped to allow SDUAP staff the opportunity to review the discussion and recommendations provided by the participants in an effort to assure accuracy and completeness of the information to be included in this final report. Participants were assured that the tapes would not be viewed by anyone other than SDUAP staff. In order to maintain this assurance, the tapes were destroyed when this final report was completed.

Focus Group Discussion

As described in the Focus Group Agenda (Appendix III-A), each focus group

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discussed the same three broad issues as follows:

- Philosophical Trends in Service/Support Delivery
- Consumer/Family Issues
- Service/Support Delivery Issues (including discussion of the Human Resource Development Model)

Each of the broad issues were discussed in the context of more specific statements reflecting state-of-the-art initiatives regarding services and supports for persons with developmental disabilities; expanded involvement of persons with developmental disabilities and their families in the planning, development, and implementation of services and supports; and improved strategies to improve the working environment for staff in agencies serving persons with developmental disabilities. All statements were fully discussed by the participants providing insights into what the groups thought were the significant issues, concerns, and needs that should be brought to the attention of the Governor's Planning Council on Developmental Disabilities.

Focus Group Issues/Concerns

Although the majority of the focus group discussion related to "staff training needs", some important issues, concerns, and needs were expressed that did not directly or solely relate to staff training. Focus group members expressing these concerns stated their desire that the Governor's Planning Council be informed of these concerns through the SDUAP Final Report. The specific "training needs" were included (as stated by the focus groups)

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in a final survey for prioritization by the focus group members. This activity is discussed as Phase IV.

Issues and concerns not directly or solely related to staff training brought to the SDUAP's attention by multiple individuals in more than one focus group setting addressed: **Rules and Regulations; Communication and Listening Skills; Coordination and Networking; Quality Measures/Standards; and Funding Issues.**

Rules and Regulations

Many participants commented on the problems caused by the numerous rules and regulations needing to be followed by agencies serving persons with developmental disabilities. The following is a selection of some quotes from educators, agency staff, and parents attending the focus group meetings:

- "Staff often spend more time trying to understand laws and regulations than in studying information in professional journals and meeting the needs of the children."
- "Current rules and regulations are often a cause of problems in agencies providing people centered programs."
- "The standards operated under by the community agencies provide a lot of stress to staff."
- "Rules and regulations must be changed allowing for the service system to be decentralized in order to meet person centered and family support systems and models. We must empower the staff to accomplish this change."
- "There is way too much time spent with paper work and regulations."

Individuals raising the above concerns thought that problems with rules and regulations included that they were too burdensome or not appropriate to the agencies' ability to provide "state-of-the-art" services and supports, and also that they seriously affected the availability of needed training provided to staff.

Communication and Listening Skills

Although this concern does have some obvious relationship to staff training, these issues were brought up at the majority of the focus group meetings with such passion that the SDUAP felt a need to identify them as a separate and significant concern. Some selected quotes from specialized and generic service agency staff, educators, parents and consumers that best emphasize the concerns are as follows:

- "All staff need to learn how to listen better...to observe behavior...to determine what people really want and/or need."
- "We need to better teach persons with disabilities how to express their needs."
- "We need to train staff on ways to elicit information from parents who are not outgoing communication people."
- "We should have a concern about letting people know what services are available because parents should be able to discuss what services they want. We don't want to shut the parent out in building new services and choices."
- "Staff need more skills and training in the interviewing process and in communication with people with disabilities."
- "There is a need for more communication and trust which would allow parents to know they can input ideas and suggestions to staff without being intimidated."
- "There should be more opportunities for parents and consumers to be included in service training activities."

- "Parents should be putting on training for staff letting them know the issues and problems faced by the parents...awareness training."

- "There is a real need for staff to better understand how to deal with parents regarding the different grief cycles they face."

- "Perception of family support was much different between parents and professionals. Professionals in many cases did not address what the parents really wanted."

- "Staff should begin to see themselves as working for the person with a disability...not as the professional with all the answers."

Coordination and Networking

In every one of the six focus group meetings, the need for more cross-discipline training, opportunities for networking, and sharing of resources was addressed. Particularly considering the fact that the service/support systems are likely to increasingly move towards becoming more decentralized and involve more generic agencies, the need was expressed that networking and coordination will become essential to assure maximum success in meeting the needs of persons with disabilities and their parents/families. Some selected quotes from specialized and generic service agency staff, educators, parents and consumers that best describe the focus group discussion and suggestions are as follows:

- "There is a need for more cross discipline training opportunities...for example direct care staff training in knowing what occupational therapists, physical therapists, or speech therapists do."

- "We really don't know each other...teachers don't know persons providing other services...we need more opportunities to visit each other across disciplines."

- "We need to train staff more on networking...how to share resources. Staff need to know how to look for resources as much as where to look."

- "In some situations like knowing where resources are, training is less important than experience."

- "We need to train staff on how to seek out and work with other disciplines as well as pre-service train students in various professions to work interdisciplinary."

- "There is a need to promote and empower more staff integration in other community agency activities to become more knowledgeable about their programs."

- "There is a need to do a better job of networking. We are trying, but not doing a good job. Family support issues are showing the problems in this area."

- "We really need more integrated training between various disciplines along with parents and persons with disabilities. There is a need for more communication of joint training activities and the ability to share training."

- "Networking is understanding what others do as compared to inservice which is actual training on issues."

- "What is really needed is coordinated cross training within communities of specialized and generic agencies and organizations as well as with parents and persons with developmental disabilities."

- "We need staff training on how to work with parents and consumers in ways that allow consumers to get information and ask questions without fear of intimidation."

- "The Universities need to train students better on how to communicate with other professionals."

Quality Measures/Standards

As programs providing services and supports for persons with developmental disabilities and their parents/families become more person centered around the needs of the individual, focus group participants raised concerns that the "measure of quality" issue was becoming much more important. Some of the following statements made by provider agency

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staff and parent focus group participants express the concerns as follows:

- "The service system needs to move from quality of care methods to outcome based methods of meeting the needs of persons with developmental disabilities."
- "We need to move towards outcome based measures rather than deal with paper issues and documentation."
- "I have a concern that quality of services and continuity of services might be lost as programs and services are decentralized."
- "The system needs to be working harder on outcome based standards."

Funding Issues

An accurate report of the six focus group discussions would not be provided unless the SDUAP included concerns expressed regarding the significant problem the shortage of necessary funding has on the provision of needed staff training and the delivery of "state-of-the-art" services and supports. The following sample of comments from specialized provider agency staff, parents and consumers describe the importance of this issue as follows:

- "Issues of money and hours worked are where the turnover is greatest and for this, training cannot help."
- "A model such as the Human Resource Development Model will not help as much as more money for salary increases."
- "We really need more funds and more staff to carry out training."
- "If we hope to meet the state-of-the-art issues, we need more resources."
- "There is a need to be able to know that a direct care employee can make a career out of the job. This fact contributes to the turn over rate. The pay is also not good enough to keep people."

- "Volunteers are a very important resource, however agencies must have resources to pay expenses of these volunteers to make the program work."
- "It seems that the people the ATCs need most are those that are typically people with the least training, receive the least pay, and are the least flexible."
- "I am concerned that if money is not available, inclusion might backslide and more institutionalization will take place."

Focus Group Discussion...Conclusion

The participants in each of the six focus group sessions provided the SDUAP with a wealth of recommendations and expressed needs to improve the training for staff of agencies serving and supporting persons with developmental disabilities. An important point expressed by a number of participants was that we must not lose sight of the fact that many agencies and organizations are making significant strides towards implementation of "state-of-the-art" services and supports. Agencies and staff need to be commended for these activities. Also it was pointed out that management models such as "Total Quality Management" and the "Human Resource Development Model" are being attempted in many agencies and this fact must be taken into consideration before any plans are considered to implement such programs statewide. There was substantial interest shown in aspects of the "Human Resource Development Model," however, agency staff and management will react very badly if it is not understood that efforts in this area are already underway. Examples of human resource development activities now being planned or implemented in some agencies included use of flex time, matching of staff to staff interests, training staff to become more empowered in implementation of programs, improved staff orientation

programs, training on team building, and attempts at establishing career ladders for employees.

The SDUAP would like to express thanks to the individuals participating in the focus groups for their insightful thoughts, concerns, and recommendations. Phase IV of this assessment project was the process to prioritize the many training needs recommended by the focus groups.

PHASE IV: FINAL TRAINING NEEDS SURVEY RESULTS AND REPORT

Throughout the course of this assessment project, the South Dakota University Affiliated Program (SDUAP) made every effort to assure the Governor's Planning Council on Developmental Disabilities that the prioritized listing of future training needs would come from a selection of specialized and generic agency staff, parents, persons with disabilities, and other appropriate individuals rather than from the SDUAP. We feel this goal has been accomplished through the initial national literature search for current "state-of-the-art" issues, through the use of the Delphi survey to an initial targeted population of six hundred individuals across South Dakota, and through the use of the six focus group meetings with a follow-up survey to prioritize the recommended training needs. The prioritized listing of training needs included in this final report to the Governor's Planning Council truly come from the people of South Dakota.

The issues addressed by the six Focus Groups were developed through the literature search and through information obtained by means of the statewide Delphi survey. The focus group meetings provided the participants with the opportunity to expand on the national and statewide issues as well as each others comments and suggestions. Each of the group participants were also given the opportunity to share any individual issues, concerns, or needs not covered by the group or the agenda. At the conclusion of the six focus group meetings, the SDUAP project staff separately reviewed their meeting notes, viewed the meeting tapes, and agreed that there were a total of one hundred eighty (180) participant issues, concerns or training needs recorded. Many of these comments were the same or very

similar from one focus group to another. Therefore, the project staff collapsed the 180 comments to a listing of 47 recommended training needs and concerns to be included in the final survey. This survey was sent only to the focus group participants and was divided into three sections dealing with recommended training issues/needs in the areas of inservice training, preservice training, and "Human Resource Development Model/Total Quality Management Training". Each focus group participant was asked to select their top five training needs in each of the above areas. There were 23 training recommendations or concerns listed in inservice training, 13 recommendations in preservice training, and 11 issues in "Human Resource Development Model". A copy of the survey is included as Attachment IV-A. A total of forty seven (47) focus group participants responded to this final survey.

Survey Results and Prioritized Recommended Training Needs

The SDUAP staff ranked the survey responses using two methods:

1) Prioritized the training recommendations by the total number of respondents selecting the training need as one of their top five choices.

2) Prioritized the training recommendations by total number of respondents selection of the training need as their first or second priority choice.

In a small number of instances, the survey was returned with five training needs checked in each of the three areas without listing their priority as one to five. In these cases, the SDUAP staff included this information in the first (1) method of prioritization and left these returns out in the second (2) method. With very few exceptions, both methods produced the same results in prioritizing the recommended training needs. In instances

where the two methods differed slightly, the final prioritized listing of training needs will highlight and discuss these differences.

PRIORITIZED LISTING OF TRAINING NEEDS

SECTION I

INSERVICE TRAINING: Defined as training provided to professionals, para-professionals, parents, persons with disabilities, and others in the community.

1) Staff of both specialized and generic service/support agencies need more training on "person centered" programming and activities focusing on individualization and involvement of parents, family members, and consumers in the life of the person with a developmental disability.

- *Over 61% of all respondents selected this need as one of their top five selections with 23% choosing it as one of their top two concerns.*

2) Staff of both specialized and generic service/support agencies need training on skills related to communication techniques with parents and persons with disabilities including skills in listening, observing behavior, and interview techniques.

- *Over 55% of all respondents selected this need as one of their top five selections with 21% choosing it as one of their top two concerns.*

3) Parents and persons with disabilities need training on how to express their needs and how to become better advocates and self-advocates.

- *A total of 48% of all respondents selected this need as one of their top five selections with 17% choosing it as one of their top two concerns.*

4) More inservice training is needed that allows for greater involvement of parents and persons with disabilities in the training activities, both as trainees and as trainers.

- *Over 40% of all respondents selected this need as one of their top five selections with 8% choosing it as one of their top two concerns.*

5) There is a need for more community training on public awareness about people with developmental disabilities.

- *A total of 38% of all respondents selected this need as one of their top five selections with 8% choosing it as one of their top two concerns.*

6) Staff of both specialized and generic service/support agencies need cross discipline training in communities around team building skills, consensus building skills, and networking strategies, (training should be completed at the local level).

- *Over 27% of all respondents selected this need as one of their top five selections with 4% choosing it as one of their top two concerns.*

7) Staff of specialized service/support agencies need more training in "outcome based" measures and methods rather than "quality of care" measures and methods.

- *Over 25% of all respondents selected this need as one of their top five selections. This need had over 8% choosing it as one of their top two concerns so it should be considered as somewhat equal to training need number 6.*

8) Staff of specialized service/support agencies need more training on meeting the physical and or behavioral needs of persons with severe disabilities.

- *Over 19% of all respondents selected this need as one of their top five selections with over 6% choosing it as one of their top two concerns.*

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9) Staff of specialized service/support agencies need training on specific disabilities (i.e. mental retardation, autism, FAS/FAE) to better understand and work with the variety of persons served by their agencies.

- *Over 19% of all respondents selected this need as one of their top five selections with 6% choosing it as one of their top two concerns.*

10) Staff of specialized service/support agencies serving persons with developmental disabilities need a core training curriculum covering all necessary competencies.

- *Over 17% of all respondents selected this need as one of their top five selections with 11% choosing it as one of their top two concerns. The fact that 11% selected this need as a one or two top priority need would place this issue somewhat equal with 9.*

The remaining INSERVICE TRAINING issues and needs expressed by multiple focus group members in their meetings and prioritized through the final survey are in descending order of importance:

11) Staff of generic and specialized service/support agencies need training in understanding grief cycles and other issues and problems faced by parents and persons with developmental disabilities.

12) There needs to be more emphasis on training of direct care staff in specialized service/support agencies serving persons with disabilities.

13) Specialized service/support agencies need training on family support issues, including programs and service techniques.

14) The developmental disability service/support system needs more training in the are of transition planning from education to adult services.

15) The human services system needs more training on how to meet the needs of "highe functioning" individuals who come into contact with the criminal justice system.

16) There is a need to make more use of systems such as the Rural Developmen Telecommunication Network (RDTN) to deliver training.

17) There is a need for more training opportunities to be provided at the local community agency level rather than statewide.

18) There is a need for training for parents on "futures planning."

19) Staff of specialized service/support agencies need more training on how to work with and support elderly persons with disabilities.

20) Parents need more training opportunities in understanding their child's disability and how they can better help in care and training of their child.

21) Staff of specialized service/support agencies need more training to assist persons with a dual/multi diagnosis (i.e. mental illness/mental retardation/drug and chemical dependency).

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22) The human services system needs more training on the Americans with Disabilities Act (ADA).

23) Staff of both adjustment training centers and rehabilitation services need more training in the area of vocational evaluations.

SECTION II

PRESERVICE TRAINING: Defined as training within colleges/universities to full or part-time undergraduates or graduate students.

1) **Training of regular education teachers needs more focus on inclusion issues.**

- *Over 65% of all respondents selected this preservice training need as one of their top five selections with 19% choosing it as one of their top two concerns.*

2) **There is a need to develop preservice training programs for "behavioral specialists" to work in schools and to assist parents in caring for children with behavior problems at home.**

- *A total of 55% of all respondents selected this training need as one of their top five choices with 13% listing it as their first or second priority need.*

3) **Colleges and universities within South Dakota need to allow for more field experiences outside of classrooms as well as provide for follow-along assistance to graduates starting new jobs.**

- *A total of 53% of the survey respondents selected this need as one of their top five choices. However, only 6% chose the need as their first or second priority.*

4) **Colleges and universities within South Dakota need to greatly expand the involvement of parents and persons with disabilities in preservice training of all disciplines.**

- *Over 51% of the survey respondents chose this training need as one of their top five selections. It is important to point out, however, that 17% selected this item as their first or second choice. This fact makes this recommendation equally important, if not more important, to number 3 above.*

5) There needs to be more coordination of training developed between South Dakot colleges/universities and state/private agencies serving persons with disabilities.

- *A total of 51% of respondents selected this need as one of their top five choice: This need should be viewed at least equally as important as items 3 and because over 13% of the respondents chose it as their first or second priority.*

6) Teacher training programs in South Dakota's colleges and universities shoul abandon the separate training for regular and special education programs and instead focu on outcome based competencies needed by children across the age range and ability levels.

- *Over 40% of the respondents chose this training recommendation as one of the top five choices. Among the respondents, 13% felt this need was their first o second priority.*

7) South Dakota colleges and universities need to become more focused on interdisciplinary activities and better teach their students how to communicate and work with other professions and disciplines.

- *A total of 34% of the survey respondents selected this concern as one of their top five needs. Over 17% felt this concern was important enough to rate first or second in their choices. (Focus Group discussion emphasized this concern as being very important to the successful implementation of family support, community supported living and employment, and inclusion programs within South Dakota.)*

8) Teacher training within South Dakota colleges and universities needs more emphasis on interviewing techniques and communication skills with parents and persons with disabilities.

- *Over 31% of the respondents chose this preservice training need as one of their top five choices. A total of 6% felt the need was their first or second priority choice.*

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9) Training within South Dakota colleges and universities needs to be more directed to "state-of-the-art" programs and concepts and this training needs to respond faster to the constantly changing programs and concepts within the developmental disabilities field.

- *Over 27% of the survey respondents selected this concern as one of their top five needs. Of great importance regarding this concern is the fact that over 19% of the respondents chose this need as one of their top one or two priorities.*

10) There is a need for expanded training of physicians on diagnosis and evaluation of persons with disabilities.

- *This training need was placed as number 10 even though a total of 29% chose it as one of their top five needs. The reason for listing it as number 10 was the fact that only 4% felt the need was important enough to select it as their first or second priority choice.*

The remaining PRESERVICE TRAINING issues and needs expressed by multiple focus group members in their meetings and prioritized through the final survey are in descending order of importance:

11) Teacher training within South Dakota Colleges and universities needs an increased emphasis on preparation to work with children with severe disabilities.

12) Colleges and universities need to provide more opportunities for students in all disciplines to have contact with parents and persons with developmental disabilities. A recommendation to be considered would be to develop a model training program allowing for the pairing of a student with a family for a period of time.

13) Colleges and universities providing teacher training should include more "social work" skills in the curriculum.

SECTION III

HUMAN RESOURCE DEVELOPMENT MODEL/TOTAL QUALITY MANAGEMENT TRAINING (HRD/TQM): Defined as training for staff of specialized agencies and organizations serving persons with disabilities to allow implementation of these management strategies.

1) Training and implementation activities regarding the Human Resource Development Model and/or Total Quality Management strategies must address the fact that developmental disability provider agencies and services are moving towards decentralization in order to meet person centered, family support, supported living and supported employment models.

- *Over 57% of the survey respondents viewed this concern as important enough to include the item in their top five list of needs. Equally important is the fact that 30% of the respondents saw the need as so important as to list it as their first or second priority choice.*

2) As a component of HRD/TQM, there is a need for training of management staff of developmental disability provider agencies on strategies to match staff's talents and strengths to the needs of the agency and the needs of the people being served/supported.

- *A total of 44% of the respondents agreed that this training need should rank in the top five priority listing. Over 13% also agreed that this training should be among the top one or two needs.*

3) Agencies providing services and supports to persons with developmental disabilities need training opportunities or curriculum to be developed to allow para-professional staff to become "certified" developmental disabilities professionals.

- *Over 42% of the survey respondents selected this training need as one of their top five needs in this category. Of particular interest is the fact that over 17% of the respondents also felt that this training rated a first or second priority. The high percentage of first and second ratings would seem to give this training need an equal status with number 2 above.*

4) As a part of an HRD/TQM Strategy, there is a need for training of management staff of developmental disability provider agencies to address the problem of a constant and rapidly changing developmental disability field and the difficulty in empowering staff to become an active part of this change.

- *A total of 34% of the respondents thought this was a significant training need deserving of a listing in their top five needs. Over 6% thought the need was important enough to be included in their top two needs.*

5) There is a need for more leadership training opportunities for all staff of agencies serving and supporting persons with disabilities.

- *Over 31% of those responding selected this training need as one of their top five within this category. Of significance is the fact that 11% also thought the need deserved a first or second priority ranking.*

6) There is a need for a program and funding to allow for the training of a group of individuals from a variety of agencies and organizations providing services and supports to persons with developmental disabilities to serve as HRD/TQM trainers for other agencies..i.e. a train the trainer model.

- *This training need ranked exactly equal to training need number 5. Over 31% of the respondents selected this need as one of their top five choices and 11% also selected it as one of their top two needs.*

7) Developmental disability provider service/support agencies need training on strategies for the hiring of new staff and the development of comprehensive new employee orientation activities.

- *A total of 31% of all respondents selected this training need as one of their top five needs. However, only 4% thought the need was important enough to include as their first or second priority choice.*

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8) There needs to be developed strategies and funding to allow the provision of Human Resource Development Model and/or Total Quality Management Training on a more localized basis within local community agencies if possible. If this is not possible, it was suggested that the Rural Development Telecommunications Network (RDTN) might be a training vehicle to be explored.

- *Over 20% of the respondents thought this training strategy should be listed as a part of the top five needs. A total of 8% suggested the need be ranked as their first or second priority choice.*

9) As a part of the implementation of an HRD/TQM strategy, it was recommended that training be provided to agencies serving persons with developmental disabilities which will assist in allowing for more career ladder opportunities to be developed for agency staff.

- *A total of 27% of the survey respondents indicated that this need should be among the top five needs. Over 13% of those responding thought the training should be among the top two listed needs.*

10) There is a need for the provision of specialized training and recognition of staff in residential programs to reduce the perception of a "less important" status being placed on residential staff.

- *A total of 27% of the respondents agreed that this issue deserved attention and should be included in the top five listing of needs. Over 4% thought the special training and recognition deserved a ranking of one or two.*

11) South Dakota should look to recognized experts in this area such as Dr. Bill Garove to assist in the train the trainer program discussed in item 6 above. The focus group members cautioned that the training on HRD/TQM strategies must be focused on the needs of human service programs rather than business.

- *Over 21% of the survey respondents agreed that this issue should be one of their top five concerns. A strong 11% of the respondents listed this concern as either their first or second choice.*

CONCLUSION

Throughout this Training Needs Assessment Project, from the initial literature search, the development and implementation of the Delphi survey, the conducting of the six focus group meetings, and the completion of the final survey to prioritize the needs; the SDUAP Project Staff were made aware from both national and state sources that the future for persons with developmental disabilities is clearly directed towards optimum independence, productivity, and community integration. The future that South Dakota and the nation will be seeking, as we prepare for the twenty-first century, is one which will promote and support programs and policies designed to ensure that people with developmental disabilities and their families will have the opportunity to make choices about where and with whom they live, about the kind of work activities they do during the day, and about the people who assist them in their lives.

Every effort was made during this Assessment Project to obtain a complete, representative, and unbiased view of South Dakotans as to the training needs and concerns they felt were most important to allow our state to effectively and appropriately serve and support persons with developmental disabilities in the years to come. The project identified needs and concerns that were not agreed upon by everyone but were clearly the consensus priorities of the people. Members of the Governor's Planning Council on Developmental Disabilities may also not totally agree with all of the concerns and prioritized training needs found in this report. However, we have no doubt that the Council has established consensus agreement on a clear direction for itself and the state through the following mission

statement found in the 1992-1994 South Dakota Developmental Disabilities State Plan: "To enable South Dakotans with developmental disabilities to achieve their maximum potential through a comprehensive coordinated system which is sensitive to individual and family needs."

It is hoped that the issues, concerns and prioritized training needs identified through this assessment will provide the Council with a framework from which to plan and prioritize the use of limited funding available over the next few years. A challenge for the Council will be to balance and coordinate the ever increasing needs and demands for training with the demands required to develop the program service and support modifications necessary to meet the state's mission. The South Dakota University Affiliated Program is pleased to have had the opportunity to complete this project and stands ready to provide future assistance to the Council as appropriate.

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APPENDIX A

Delphi Surveys:

- Service Providers
- Parents/Families
- Self-Advocates

Group _____

Service Providers

1. Would you please indicate your total years of experience in the field of developmental disabilities:

☐ 0 - 5 years ☐ 5 - 10 years ☐ 10 - 15 years

☐ 15 - 20 years ☐ 20 or more years

2. How many years have you been in your current position?

☐ 0 - 3 years ☐ 3 - 5 years ☐ 5 - 8 years

☐ 8 - 10 years ☐ 10 or more years

3. What is your highest level of education attained?

☐ High School ☐ Associate Degree ☐ Bachelors Degree

☐ Masters Degree ☐ Masters Degree + ☐ Doctoral Degree

Directions for Completing the Survey

The purpose of this Delphi survey is to seek input from consumers, parents, families, and service providers regarding the long-range staff training needs in the area of developmental disabilities for the state of South Dakota.

Please read each survey item carefully and note that for each item **three** responses are requested: (1) rank the likelihood of occurrence for each statement by **circling** the time interval in which you feel the stated trend has occurred or will occur (see interval scale below); (2) rank the desirability of each statement as you perceive it by **circling** one of the numbers on the following scale: 1=extremely undesirable; 2=undesirable; 3=neutral; 4=desirable; 5=extremely desirable; and, (3) in the space provided under each item **please** provide any additional comments that you might have concerning the item. Please keep in mind that each item is related to long-range training needs.

Probability of Occurrence
1 - 2 years
3 - 4 years
5 - 6 years
Never

Desirability
1 = Extremely Undesirable
2 = Undesirable
3 = Neutral
4 = Desirable
5 = Extremely Desirable

Group _____

A. PHILOSOPHICAL TRENDS

1. Service delivery will move from a system of offering a modal of services in which consumers and their families attempt to find a "goodness of fit" to meet their needs toward a modal which provides individualized supports around the needs of consumers and their families.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

2. The present system of separate and independent services (residential, vocational, education) will recognize the need for more holistic, interdependent, and integrated service/support system.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

3. Service/support delivery will be characterized by person centered, value driven services/support rather than by a compliance to regulations.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

4. Service/support delivery will move toward non-facility based supports in community-based settings (e.g., home, employment, leisure settings).

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

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5. Citizens with developmental disabilities will be afforded greater degrees of personal choice and independence in deciding their needs and desires.					
Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5
Comments:					

6. Communities will provide more informal supports for persons with developmental disabilities and their families.					
Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5
Comments:					

B. CONSUMER ISSUES

7. Persons with developmental disabilities and their families will be given more responsibility for the development of program plans and administration and professionals will be given relatively less.					
Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5
Comments:					

8. Consumers and their families or advocates will be given expanded roles by professionals in deciding the types and levels of support services they deem necessary.					
Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5
Comments:					

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9. There will be increased opportunities for supported living and supported employment with decreasing numbers of consumers living or working in segregated settings.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

10. Student/Consumer outcome measures will gain acceptance as a method of evaluating the performance of teachers/human service professionals.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

11. Individualized goals and objectives as part of the Individualized Education Program, Individualized Habilitation Plan, or Individualized Program Plan will be geared to (a) increasing the individual's options and freedoms to live and participate in the community; (b) appropriate for a same-aged peer who is not disabled; (c) related to the current or future needs of the individual; and (d) the development of natural supports "friendships" will be included as part of the plan of action.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

C. FAMILY ISSUES

12. Parents and professionals will become "partners" in attempting to develop and provide programs and supports needed for their child.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

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13. Schools and agencies serving persons with developmental disabilities will initiate personal futures planning (e.g., identifying the adult-life outcomes desired by students/consumers and their families) earlier and design services/supports around the attainment of these outcomes.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

14. Parents and family members will serve as members of quality assurance evaluation teams to assess the social acceptability of services.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

D. SERVICE/SUPPORT DELIVERY ISSUES

15. Specific services/supports will be contracted to an agency based on vendor performance as measured by quality and cost-efficiency.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

16. Direct care staff will have an expanded role in ensuring that services/supports are consumer/family centered and are of the highest quality.

Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5

Comments:

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17. *Formal* training programs and career *ladders* will eliminate the problem of direct care staff turnover and ensure that quality services/supports are provided.					
Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5
Comments:					

18. Direct care staff will be trained and prepared to provide community-based supports that will facilitate employment and independent living options for consumers.					
Probability of Occurrence: How many years?	1-2	3-4	5-6	Never	
Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable	1	2	3	4	5
Comments:					

19. As the present system of service delivery moves toward a system of support services which are designed around the needs of individual consumers and families please indicate how desirable you would be toward training in these competencies. Desirability: 1 - Extremely Undesirable 2 - Undesirable 3 - Neutral 4 - Desirable 5 - Extremely Desirable					
a. Basic principles and values in mental retardation and developmental disabilities. (i.e., ethics, best professional practices)	1	2	3	4	5
b. Use of people first language/labeling.	1	2	3	4	5
c. Functional goals/objectives and instruction.	1	2	3	4	5
d. Promoting self-determination and empowerment among consumers and families.	1	2	3	4	5
e. History and causes of mental retardation and developmental disabilities.	1	2	3	4	5
f. Effective communication and problem solving.	1	2	3	4	5
g. Legal and human rights of persons with developmental disabilities.	1	2	3	4	5
h. Vulnerable adults and child abuse reporting procedures.	1	2	3	4	5
i. Emergency health and safety procedures.	1	2	3	4	5
j. Interdisciplinary program planning.	1	2	3	4	5
k. Facilitating friendships/socialization with peers.	1	2	3	4	5
l. Providing positive behavioral supports for persons with severe and challenging behavior.	1	2	3	4	5
m. Augmentative and alternative communication approaches for persons with limited speech.	1	2	3	4	5
n. Working with persons with developmental disabilities who are elderly.	1	2	3	4	5
o. Sexuality issues for persons with developmental disabilities.	1	2	3	4	5

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